

## OFFER FOR IOWANS

### **IDENTIFYING INFORMATION**

**Offer Identifier:** C\_401\_14F

**Offer Name:** Permanent families for abused and neglected children (Adoption subsidy)

**This offer is for a status quo existing activity. (Note that this offer does include additional funding for caseload growth.)**

**Result(s) Addressed:**

Safe Communities

- Prevention
  - Youth and child development
- Response/recovery
  - Child abuse victim assistance

Improve Iowan's Health

- Improve quality of life
  - Strengthen and support families

Improving student achievement

- Secure and nurturing families

**Participants in the Offer:** DHS

**Person Submitting Offer:** Kevin Concannon, Director, DHS

**Contact Information:** Mary Nelson, 281-5521, [mnelson1@dhs.state.ia.us](mailto:mnelson1@dhs.state.ia.us)

### **OFFER DESCRIPTION**

All children should be able to grow up and live in a safe, stable and healthy living environment. The Department of Human Services works with children and families in crisis and to protect children from abuse and neglect. The primary goal is to build a safety net for children that live in families with abuse and neglect present to allow the families to remain intact (together). When a child is unable to remain safely in their home, they are removed and placed in temporary foster care until they can return home. Children may remain in foster from just a few months to over four (4) years. When the Juvenile Court determines that there is clear and convincing evidence that the child cannot be returned safely home, parental rights are terminated, and adoption is pursued as a permanent and stable living arrangement for the child.

This offer includes funding for the adoption subsidy benefits that families receive, as well as the local DHS staff and state administrative staff necessary to deliver services effectively and efficiently. Adoption subsidy is one of the state's primary

strategies for achieving stable and permanent families for children whose parental rights have been terminated. The program supports the special needs of children who have attained permanency through adoption and is an entitlement in federal statute and Iowa Code, Chapter 600.

### **OFFER JUSTIFICATION**

**Overview:** Iowa has a large and growing number of adoption subsidy cases. End of year 2004 shows 6,688 adoption subsidy cases with caseloads growth averaging 41 children per month. Adoptions have increased steadily for the past 5 years growing from 742 in the Year 2000 to over 1,060 in 2004. The number of families in crisis resulting in termination of parental rights has remained somewhat stable since 2002 ranging from 1,068 to 1,038 for the past three years..

**Number of Adoptions & Parental Terminations by Year**

Fiscal Year	Number of adoptions	Number of Parental Terminations	Number of Adoption Subsidy cases
2000	742	739	4,324
2001	706	912	4,899
2002	794	1068	5,010
2003	1048	1038	5,998
2004	1060*	1050*	6,688

\*Data used is a projection based on partial year data

A child is eligible for the adoption subsidy if:

- The child has a special need – including physical, mental or emotional disability; as well as age, race/ethnicity, or membership in a sibling group of 3 or more children; and
- The state cannot place the child for adoption without the subsidy

About 95% of the children adopted through DHS participate in the adoption subsidy program.

There is no income eligibility requirement for a family to participate in the adoption subsidy program. Parental income is not taken into account in determining eligibility for the subsidy or the amount of the subsidy<sup>1</sup> pursuant to Federal statute 1356.4(c).

The adoption subsidy program provides the following benefits.

- Monthly maintenance payments to families who have adopted children with special needs from the foster care system
- Coverage under the Medicaid program

---

<sup>1</sup> Federal statute at 1356.4 (c) prohibits the use of an income eligibility requirement (means test) for the prospective adoptive parents in determining eligibility for adoption assistance payments. 42USC673(a)(3) states that the amount of the payment shall be determined through agreement between the adoptive parents and the state, taking into consideration the circumstances of the adoptive parents and the needs of the child being adopted, up to the maximum foster care payment if the child had been in a foster family home.

- Payment for special services that the children need (e.g., medical services not covered by Medicaid, attorney fees and court costs to finalize the adoption, etc.).

The adoption subsidy program is funded through a combination of state funds and Title IV-E adoption funds.

### **Research Findings or Why Adoption and Adoption Subsidy are Positive Steps for Many Children**

#### **Positive Impact of Adoption**

DHS attempts to bring safety and stability to children's lives prior to any move towards termination of parental rights and adoption. As difficult and potentially harmful as it may seem to separate a child from his/her biological family, adoption does have positive impacts for children in foster care, as follows:

- Adopted children fare much better than youngsters who are reared in institutional environments or in foster care.<sup>2</sup>
- Children adopted have more successful outcomes than stable long-term foster care.<sup>3</sup>
- Children adopted from the foster care system experience greater stability during childhood and also enjoy more lifelong relationships with their adoptive families than do children who remain in foster care (Barth & Berry, 1990).
- A study comparing perceptions of a group of adults who had been adopted at an average age of 3.5 years, with those of a group who had grown up in group care found that adoptees were more satisfied with how they had been raised and with their lives (Triseliotis & Russel, 1984).
- Adoption disruption rates are lower than disruptions of guardianships or long-term foster care placements that occur at a greater than 20% rate over a 3-year time frame.<sup>4</sup>

---

<sup>2</sup> Bohman, M. *Adopted children and their families: A follow-up study of adopted children, their background environment, and adjustment*. Stockholm: Proprius, 1970. Bohman, M., and Sigvardsson, S. Outcomes in adoption: Lessons from longitudinal studies. In *The psychology of adoption*. D. Brodzinsky and M. Schechter, eds. New York: Oxford University Press, 1990. Hodges, J., and Tizard, B. IQ and behavioral adjustment of ex-institutional adolescents. *Journal of Child Psychology and Psychiatry* (1989) 30:53-57. Triseliotis, J. and Hill, M. Contrasting adoption, foster care, and residential rearing. In *The psychology of adoption*. D. Brodzinsky and M. Schechter, eds. New York: Oxford University Press, 1990.

<sup>3</sup> Triseliotis, J. (2002), Long-Term Foster Care or Adoption? The Evidence Examined, *Child and Family Social Work*, No. 7. pp23-23.

<sup>4</sup> Berrick, et. Al., 1998

### **The Special Needs of Children Adopted from the Foster Care System and Their Families**

To better appreciate the benefits of adoption requires a clear understanding of the difficulty of the problems faced by these children and families:

- Adopted children may experience significant functional impairments at home, in school, or in the community.<sup>5</sup>
- Children who are adopted often enter placement with special medical and/or education problems that require additional care, and by extension, additional money.<sup>6</sup>
- Adoptees from about age 6 through adolescence demonstrate more behavior problems than non-adopted children (Berry, 1992; Brodzinsky, Radice, Huffman, & Merkler, 1987; Dickson, Heffron, & Parker, 1990; Grotevant, McRoy, & Jenkins, 1988; Rogeness, Hoppe, Macedo, Fischer & Harris, 1988).
- Special needs adoptees that have been removed from birth homes due to maltreatment are vulnerable to ongoing behavioral and emotional difficulties that often do not abate over time (Nelson, 1985; Rosenthal & Groze, 1991; Rosenthal & Groze, 1994).
- One study suggested a need for an increased effort to develop post-adoption services because special-needs children's behavior problems do not disappear over time.<sup>7</sup>
- Adopted families use a variety of services, including special education, outpatient mental health services, hospitalization, and temporary residential placement services.<sup>8</sup>
- Adoptive families want educational and informational services (literature, seminars, support groups about the adoption process), clinical services (individual, marital, and family counseling, respite care, and crisis counseling), and material services (adoption subsidies, health benefits, respite care, and support).<sup>9</sup>

The special needs of children in Iowa cover a broad range of areas including physical, mental or emotional disability; as well as age, race/ethnicity, or membership in a sibling group of 3 or more children. Many children have been impacted by multiple problems and have multiple needs. Some of the trauma and special needs include, neglect experienced by 60% of children adopted; 52% attention deficit disorder; 78% sexual and/or physical abuse. The chart below shows the full range of problems and special needs.

---

<sup>5</sup> Howard and Smith, 1995

<sup>6</sup> Brooks, Allen, and Barth, 2000; Commonwealth of Kentucky, 1993; Howard and Smith, 1993; Howard and Smith, 1997; Kramer and Houston, 1998; Partridge, Hornby, and McDonald, 1986; Walsh, 1991.

<sup>7</sup> Rosenthal, J.A., & Groze, V.K. (1994). A longitudinal study of special-needs adoptive families. *Child Welfare*, 73, 689-706.

<sup>8</sup> Barth and Berry, 1988; Groze, Young, and Corcran-Rumppe, 1991

<sup>9</sup> Barth, R.P. & Miller, J.M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations*, 49, 447-455.

**Special Needs List and Percent of Children**

<b>Child's Special Need</b>	<b>Percentage of Children Experiencing</b>
Neglect	60%
Attention deficit disorder	52%
Sexual abuse	39%
Physical abuse	39%
Drug affected infant	29%
Oppositional defiant disorder	28%
Reactive attachment disorder	26%
Fetal alcohol syndrome	26%
MR/DD	13%
Delinquency	6%
Sexual perpetrator	4%
Autism	4%

Some limited additional research information is provided here regarding certain special needs and problems to demonstrate the impact they have on children's lives:

Effects of child abuse and neglect on child development.

- Children exposed to physical abuse and/or neglect often experience adverse impacts in their physical health, brain development, cognitive and language skills, academic achievement, socio-emotional functioning<sup>10</sup>.
- Neglect is associated with a variety of developmental difficulties in childhood, including cognitive, language, and academic delays, poor peer relations, and internalizing (anxiety, depression) and externalizing (aggression, impulsivity) behavior problems<sup>11</sup>.

Impact of long-term foster care on child development.

- Several studies have documented the detrimental impact of children languishing indeterminately in foster care without a plan for permanence.<sup>12</sup>
- Research on the institutionalized children indicates that institutionalization and other adverse early experiences (e.g., having multiple caregivers and being held and stimulated less) may affect brain structure and activity<sup>13</sup>.

<sup>10</sup> Cicchetti, D., and Toth, S., eds. *Developmental perspectives on trauma: Theory, research and intervention*. Rochester, NY: University of Rochester Press, 1997.

<sup>11</sup> Bolger, K.E., and Patterson, C.J. Pathways from child maltreatment to internalizing problems: Perceptions of control as mediators and moderators. *Development and Psychopathology* (2001) 12:913-40; and Crittendon, P. Child neglect: Causes and contributions. In *Neglected children: Research, practice, and policy*. H. Dubowitz, ed. Thousand Oaks, CA: Sage Publications, 1999.

<sup>12</sup> Bowlby, J. *Attachment and loss*. New York: Basic Books, 1969; and Goldstien, J., Freud, A., and Sonit, A.J. *Beyond the best interests of the child*. New York: Free Press, 1973.

<sup>13</sup> Shore, R. *Rethinking the brain*. New York: Families and Work Institute, 1997; and Teicher, M., Andersen, S., Polcari, A., et. al. Developmental neurobiology of childhood stress and trauma. *Psychiatric Clinics of North America* (2002) 25(2):397-426.

- Overall, the evidence suggests that group home placement is deleterious to children<sup>14</sup>.
- Significant research suggests that children and young people who experience instability in care are more likely to experience poorer outcomes than those who receive stable and personalized care. This can be either as the results of multiple placements while in care or because of unsuccessful and temporary returns to the care of the family.<sup>15</sup>

Many of these children will continue to need special services following adoption because of their history of abuse and/or neglect and because of their experiences in foster care (i.e., separation from birth family, moves within foster care, placement in congregate care). Some are likely to continue to need such services well into adulthood and even throughout their entire lives.

#### **Adoption Subsidy and Post Adoption Services Do Make A Positive Difference**

The importance of services and adoption subsidy is supported by research that links the success of special needs adoptions to the availability of appropriate support.

- Adoption assistance can decrease the waiting time until adoption for children with disabilities, older children, and children who need continued treatment; it can facilitate adoptions for children with previously disrupted adoptions (Sedlack, 1992).<sup>16</sup>
- State surveys in Illinois and Oregon indicate that adoptive families now have lower average incomes, indicating a substantial change in financial status of adoptive families in the last decade (Barth, Gibbs, and Siebenaler, 2001).
- Adoption subsidies have opened adoption opportunities to minority and low-income families, and have demonstrated positive outcomes (Rosenthal, 1993). In one study of Oklahoma families receiving subsidies, 95% said they were either essential or important. Of all the post-adoption services provided, financial subsidies and medical services received the highest ratings.
- Adoption subsidies are associated with adoption stability.<sup>17</sup>
- Adoption services have been found to decrease adoption disruption (Pearlman-Smith, 1989).<sup>18</sup>

---

<sup>14</sup> Berrick, J., Courtney, M., and Barth, R. Specialized foster care and group home care: Similarities and differences in the characteristics of children in care. *Children and Youth Services Review* (1993) 15:453-74.

<sup>15</sup> Cashmore, J. and Paxman, M. (1996), *Longitudinal Study of Wards Leaving Care*. Report of Research Commissioned by the NSW Department of Community Services, Social Policy Research Centre and University of NSW. Belinsky, J. and Cassidy, J. (1994) *Attachment: Theory and Evidence, Development Through Life: A Handbook for Clinicians*. Blackwell Scientific Publications, Oxford.

<sup>16</sup> Sedlak, A.J., and Broadhurse, D.D. (1992). Study of Adoption Assistance Impact and Outcomes: Final Report, Volume I. Westat, Inc.: Rockville, MD.

<sup>17</sup> Barth, 1993; Sedlak, 1991.

<sup>18</sup> Pearlman-Smith, E. (1989). The Relationship of Services to Success in Older Child Adoption. PhD. Diss., Yeshiva University: New York.

- In a comparison of stable to disrupted placements, researchers found that the amount of the monthly subsidy check differed, with stable placements receiving greater subsidies. They also found that families who did not receive subsidies had a higher likelihood of disruption than other factors would predict.<sup>19</sup>
- Contact with self-help groups or other adoptive parents who can provide respite and support is reported by adoptive families to be helpful.<sup>20</sup>
- Evaluations of brief intensive adoption preservation service models suggest that they do not generally fit the needs of adoptive families.<sup>21</sup> Less time-limited and more family-focused approach appears more suitable.<sup>22</sup>
- One study (Pearlman-Smith, 1989) found that provision of agency services was a predictor of success in adoptions of older children.

### **Adoption Disruption**

Though adoption is a positive step for many, adoptions do disrupt.

- For special needs children, somewhere between 10% and 16% of adoptions disrupt.<sup>23</sup> Overall, about 10% - 15% of adoptions of children age 3 or older disrupt (Rosenthal, 1993).
- Adoption disruption rates are far lower than those of guardianships or long term foster care (Berrick, Needell, Barth, & Jonson-Reid, 1998).
- Since the passage of 96-272 in 1980, the number of special needs children who were adopted increased but the percentage of failures from adoptions and adoptive placements has declined.<sup>24</sup>

### **Characteristics of Disruptions**

- The following child characteristics have been associated with disruption<sup>25</sup>.
  - ❑ Older children, history of previous disruptions, physical and emotional handicaps, neglect, and physical and emotional abuse
  - ❑ Children who display behavioral or emotional problems (e.g., eating problems, sexual acting out, physical aggression, stealing, suicide attempts, and lying).

---

<sup>19</sup> Berry and Barth, 1990.

<sup>20</sup> Commonwealth of Kentucky, 1993; Frey, 1986; Nelson, 1985; Walsh, 1991.

<sup>21</sup> Barth, 1995; Howard and Smith, 1995.

<sup>22</sup> Howard and Smith, 1995; Prew, Suter, and Carrington, 1990.

<sup>23</sup> Barth and Berry, 1988; Goerge, Howard, and Yu, 1996; Partridge, Hornby, and McDonald, 1986; Urban Systems Research and Engineering Inc, 1985

<sup>24</sup> Goerge, Howard, and Yu, 1996.

<sup>25</sup> Barth and Berry, 1991; Festinger, 1986; Goerge, Howard, and Yu, 1996; Groze, 1986; Partridge, Hornby, and McDonald, 1986; Smith and Howard, 1991; Smith and Howard, 1994; Smith, Howard, and Monroe, 1998.

**Characteristics of Adoptive Parents Associated with Disrupted Adoptions**<sup>26</sup>

- ❑ Younger parents, no previous adoption history, non-foster parent adoptions, few social supports
- ❑ No relationship has been found between disruptions and single-parent homes

**Characteristics Associated with Adoption Disruption**<sup>27</sup>

- ❑ Parents report not knowing the severity of the child's problems and/or the child's history before entering into an adoption contract.
- ❑ Fragmented or disjointed services, multiple agency involvement, multiple caseworkers, and time lag between referral and adoption placement
- ❑ Lack of services provided by the agency prior to and during placement may increase the risk disruption
- ❑ Educational tutoring, special education, or special schooling are associated with adoption stability

**Managing Adoption Subsidy Growth**

The adoption subsidy program has grown significantly over the last 7 years in an effort to improve the health, stability and safety of Iowa's children. Caseload growth for FY06 is projected to increase by 47 cases per month.

Fiscal Year	Average Monthly Cases	Total Expenditures	State \$ Expenditures
FY 1998	3,176	\$17,680,919	\$7,330,684
FY 1999	3,731	\$22,530,033	\$9,491,360
FY 2000	4,324	\$28,048,639	\$12,065,723
FY 2001	4,899	\$33,081,950	\$14,887,047
FY 2002	5,010	\$37,374,414	\$17,189,488
FY 2003	5,998	\$42,268,119	\$19,783,825
FY 2004	6,688	\$47,399,377	\$23,870,575

While growth in participation has continued, DHS has taken several actions to manage the growth within the adoption subsidy program.

- During the 2003 legislative session, the General Assembly approved the following changes to the adoption subsidy program in order to better manage growth in program costs.
  - Modified the definition of special needs to set a minimum age of 2 years for minority children to be eligible for the subsidy and to eliminate eligibility for a child that is part of a sibling group of two placed together that does not have a diagnosed special need
  - Limiting reimbursement for attorney fees and court costs related to adoption finalization to \$500

<sup>26</sup> Barth, et. Al., 1988; Berry and Barth, 1990; Partridge, Hornby, and McDonald, 1986; Smith and Howard, 1991. Berry, M. (1997). Adoption disruption. In R. J. Avery (Ed.), *Adoption policy and special needs children* (pp. 77 – 106). Westport, CT: Greenwood.

<sup>27</sup> Barth and Berry, 1991; Partridge, Hornby, and McDonald, 1986; Ward, 1997; Berry, M. (1997). Adoption disruption. In R. J. Avery (Ed.), *Adoption policy and special needs children* (pp. 77 – 106). Westport, CT: Greenwood.



- Eliminating a \$1 a day additional payment for sibling groups of three or more children placed together
- Eliminating payment for child care through the adoption subsidy program (families that were receiving child care on June 30, 2004 were grandfathered in, at the same payment rate as used in the child care assistance program).
- Adding a one-time payment of up to \$500 per child when a sibling group of 3 or more is placed together.
- Adding a one-time payment not to exceed \$2000 per family to reimburse transportation, lodging or per diem expenses related to preplacement visits.
- DHS has also provided training to adoption staff related to negotiating the initial adoption subsidy agreement with the adoptive family to improve consistency across the state and to strengthen focus of the subsidy on what the family needs to address the child's special needs.

Federal law prohibits the state from setting an income guideline (i.e., "means test") for eligibility for the adoption subsidy. The amount of the subsidy maintenance payment must be negotiated with the family to reflect what they believe they need to address the child's special needs up to the maximum set by the state.

### **Link to Buying Team Strategy Maps**

Following is a discussion of how the adoption subsidy program addresses the strategy maps identified by the Safe Communities, Improve Iowan's Health, and Improving Student Achievement buying teams.

**Safe Communities:** This program contributes to the goal that all children grow up in safe and supportive families.

### **Improve Iowan's Health**

This program contributes to improving the quality of life for children who have been abused and neglected by strengthening and supporting families and by providing community based services for children with special needs. Without this program, children whose parental rights have been terminated would likely grow up in long-term foster care. Research indicates that children who grow up in long term foster care have poorer health outcomes. A recent study of children aging out of foster care in Iowa (Midwest Evaluation of the Adult Functioning of Former Foster Youth, Chapin Hall Center for Children at the University of Chicago, 2004) found that foster care youth are more likely than other adolescents to exhibit symptoms that suggest physical health risk, as well as a higher risk of mental health problems.

### **Improving Student Achievement**

By helping children grow up in stable, secure and nurturing families, the adoption subsidy program contributes to student achievement while children in foster care are vulnerable to educational challenges as the result of multiple moves that can mean changes in school as well as family setting. In the study of children aging out of foster care noted above, almost half of the youth reported experiencing 5 or more school changes. These youth were also more at risk to experience grade retention, almost twice as likely to be suspended, and 5 times as likely to be expelled from school as other adolescents. By helping children grow up in a permanent family, the adoption subsidy program reduces the number of placement and school changes.

**PERFORMANCE MEASUREMENT AND TARGET**

<b>Measurement</b>	<b>Target</b>
Number of finalized adoptions of children from state foster care system	1,000
Percentage of subsidized adoptions experiencing a disruption or dissolution within 5 years of placement	No more than 10%

**PRICE AND REVENUE SOURCE****Total Price: \$63,042,818**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
Adoption Subsidy Program	\$59,685,397	
Administration	68,825	1.00
Service Delivery	3,288,596	48.81
<b>Total</b>	<b>\$63,042,818</b>	<b>49.81</b>

<b>Revenue Description</b>	<b>Amount</b>
State General Fund	\$33,853,274
Other State \$ *	24,588
Federal Matching Funds	28,947,159
Other Funds	217,797
<b>Total</b>	<b>\$63,042,818</b>

\* Tobacco funds

**Note: This offer includes administrative functions and local staff necessary to deliver services effectively and efficiently. Service levels under this offer assume any salary adjustment for IDHS staff is fully funded.**

**FY06 Budget Assumptions**

- Caseload growth is based on the FY04 per month average growth of 47 cases per month.
- Cost is a weighted average, with payment rates applied to the percentage of caseload in each age category. Adjustments are made for special issuances based on FY04 payments.
- Federal share is based on % of cases that were IVE eligible per FY04.

Service Delivery. Expenses and FTE's are based on the results of cost allocation methodology using random moment sampling.

Ten Year Projection for the Adoption Subsidy Program. Attached is a spreadsheet that shows a 10-year projection for the adoption subsidy program, using 3 different growth rates – 48 increase per month, 31 increase per month, and 21 increase per month.

10 year adoption subsidy projection assuming average caseload growth of 48/month

	total cost	federal share	state share	Avg. # of cases
FY 2006	55,614,951	25,819,506	29,795,445	7,393
FY 2007	59,947,998	27,831,144	32,116,854	7,969
FY 2008	64,281,044	29,842,781	34,438,263	8,545
FY 2009	68,614,091	31,854,419	36,759,672	9,121
FY 2010	72,947,137	33,866,056	39,081,081	9,697
FY 2011	77,280,183	35,877,694	41,402,489	10,273
FY 2012	81,613,230	37,889,331	43,723,899	10,849
FY 2013	85,946,276	39,900,969	46,045,307	11,425
FY 2014	90,279,323	41,912,606	48,366,717	12,001
FY 2015	94,612,369	43,924,244	50,688,125	12,577
FY 2016	98,945,415	45,935,881	53,009,534	13,153
10 year cost	850,082,017	394,654,631	455,427,386	N/A

10 year adoption subsidy projection assuming average caseload growth of 31/month

	total cost	federal share	state share	Avg. # of cases
FY 2006	53,343,111	24,764,794	28,578,317	7,091
FY 2007	56,141,537	26,063,976	30,077,561	7,463
FY 2008	58,939,963	27,363,159	31,576,804	7,835
FY 2009	61,738,389	28,662,342	33,076,047	8,207
FY 2010	64,536,814	29,961,524	34,575,290	8,579
FY 2011	67,335,240	31,260,706	36,074,534	8,951
FY 2012	70,133,666	32,559,889	37,573,777	9,323
FY 2013	72,932,092	33,859,072	39,073,020	9,695
FY 2014	75,730,518	35,158,254	40,572,264	10,067
FY 2015	78,528,943	36,457,436	42,071,507	10,439
FY 2016	81,327,369	37,756,619	43,570,750	10,811
10 year cost	740,687,642	343,867,771	396,819,871	N/A

10 year adoption subsidy projection assuming average caseload growth of 21/month

	total cost	federal share	state share	Avg. # of cases
FY 2006	52,109,397	24,192,036	27,917,361	6,927
FY 2007	52,267,372	24,265,377	28,001,995	6,948
FY 2008	52,425,348	24,338,718	28,086,630	6,969
FY 2009	52,583,324	24,412,059	28,171,265	6,990
FY 2010	52,741,299	24,485,400	28,255,899	7,011
FY 2011	52,899,275	24,558,741	28,340,534	7,032
FY 2012	53,057,250	24,632,081	28,425,169	7,053
FY 2013	53,215,226	24,705,423	28,509,803	7,074
FY 2014	53,373,202	24,778,764	28,594,438	7,095
FY 2015	53,531,177	24,852,104	28,679,073	7,116
FY 2016	53,689,153	24,925,445	28,763,708	7,137
10 year cost	581,892,023	270,146,148	311,745,875	N/A

## **Supplemental Data**

### **Iowa's Adoption Subsidy Program**

Approximately 95% of children adopted through DHS participate in the adoption subsidy program. Following is a profile of the 6,951 children being served in the adoption subsidy program as of June 2004.

<b>Age</b>		<b>Race/ethnicity</b>	
0 – 5	20%	Caucasian	69%
6 – 11	38%	African American	19%
12 - 15	27%	Hispanic/Latino	5%
16+	14%	Native American	3%
		Other	3%

DHS does not routinely gather demographic data on the parents of children receiving adoption subsidy. In 1999, however, we conducted a survey of families participating in the adoption subsidy program to determine their satisfaction with the adoption subsidy. The return rate for the survey was 43%. The following information on the profile of adoptive families and on their adoptions is drawn from that survey.

### **Information About Adoptive Families**

<b>Family Information</b>	<b>Survey Findings</b>
Average number of children adopted	2 children
Race (parent 1)	Caucasian - 89.45% African American - 0.38% Other or blank - 10.71%
Race (parent 2)	Caucasian - 90.77% African American - 0.21% Other - 9.01%
Education (parent 1)	Grade school – 2.46% High school or GED – 30.81% Voc'l degree/some college – 32.14% Bachelor degree – 19.28% Professional degree – 11.72% Doctoral degree – 3.59%
Education (parent 2)	Grade school – 1.75% High school or GED – 35.01% Voc'l degree/some college – 35.45% Bachelor degree – 15.75% Professional degree – 10.50% Doctoral degree – 1.53%
Employment (parent 1)	Full-time - 74.80% Part-time – 9.25% Not employed – 15.94%
Employment (parent 2)	Full-time – 57.24% Part-time – 19.46% Not employed – 23.30%

### Information About Their Adoptions

<b>Adoption Information</b>	<b>Survey Findings</b>
Average number of children adopted	2 children
Average age of child at adoption	5.33 years
Average time child was in foster care before adoption	2.80 years
Average number of placements child had before being placed with adoptive family	2.52 placements
Percentage of adoptions that involved a sibling group	43.70%
Percentage of children who were adopted by their foster parents	81.96%

Following is data regarding disruption rates for DHS adoptions, based on data entered by 6-30-04.

### **Disruption Rates for DHS Adoptions**

Calendar Year	Children with TPR	Children Placed for Adoption	% Disruption before Finalization	Children Adopted	% Adoptions Dissolved	Total Adoption Disruption/ Dissolution Rate
1996	576	560	6%	540	3.5%	9.5%
1997	696	667	5%	622	1%	6%
1998	742	706	6%	687	0.9%	6.9%
1999	761	718	5%	682	0.7%	5.7%
2000	739	693	6%	642	1.1%	7.1%
2001	912	836	3%	798	0.6%	3.6%
2002	1068	987	4%	898	0.0%	4.0%
2003	1038	880	3%	670	0.4%	3.4%

In July 2002, the North American Council on Adoptable Children (NACAC) published a report comparing state adoption subsidy programs along 13 variables and identifying model programs. While Iowa has implemented a number of the model programs/policies, there are others that we have not implemented – primarily because of fiscal impact. In several cases, Iowa's subsidy program previously included the model policy or program component, but the component was limited in recent years in order to manage growing program expenditures.

### **Comparing State Adoption Subsidy Programs and Model Programs**

<b>Program Variable/ Component</b>	<b>Iowa Rating<sup>28</sup></b>	<b>Model Programs/Policies</b>	<b>Does Iowa Have Model?</b>
Definition of special needs	Average	<ul style="list-style-type: none"> <li>All children adopted from foster care qualify for subsidy</li> <li>All children under state guardianship for 1 year or more qualify for subsidy</li> </ul>	No
Maximum basic monthly payment	Good <sup>29</sup>	Maintenance rates at 100% of USDA	No
Specialized rates	Good	Maintain child's foster care special needs rate after adoptions	Yes
Eligibility for Medicaid	Good	Treat state and federally eligible children the same with respect to Medicaid coverage	Yes

<sup>28</sup> NACAC used the following scale: Good to outstanding, average/middle-of-the-road, and needs attention.

<sup>29</sup> Foster family and adoption subsidy payment rates have been frozen since 7-1-00, so it is likely that Iowa's rating would drop to average if the report were issued now.

Non-recurring expense reimbursement	Good <sup>30</sup>	Reimburse up to the federal maximum of \$2,000	No
Special services subsidies	Good <sup>31</sup>	Specific specialized post-adoption services	No
Respite care	Good	Provide at least 1 day a month of respite	No
Residential treatment	Average	Collaborative projects involving child welfare, mental health and education	No
Deferred subsidy agreements	Good	None listed	NA
Subsidized guardianship	Needs attention <sup>32</sup>	Provision of guardianship subsidy for relative and non-relative guardians	No
Public & private agency children	Good	Provision of subsidy to children under custody/guardianship of private agencies as well as public agencies	Yes
Subsidy for children over age 18	Good	Inclusive, no restrictions	Yes
College tuition waivers	Not rated	Provision of tuition waivers	No

---

<sup>30</sup> As of July 1, 2004, Iowa limits non-recurring expense reimbursement to \$500, so it is likely that Iowa's rating would drop to average or needs attention if the report were issued now.

<sup>31</sup> As of July 1, 2004, Iowa eliminated payment for child care, so it is likely that Iowa's rating would drop to average if the report were issued now.

<sup>32</sup> DHS has applied for a IV-E waiver to provide subsidized guardianship. Previously, the Legislature had approved a state funded subsidized guardianship program in 2001, but when state revenues declined, the Legislature directed DHS to suspend the program.

## OFFER FOR IOWANS

### **IDENTIFYING INFORMATION**

**Offer Identifier:** C\_401\_15F

**Offer Name:** Better Result for Kids (Child and Family Services Appropriation)

**This offer is for a (pick one):**

☐ new activity

☒ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed:**

**Safe Communities**

- **Prevention**
  - Youth and Child Development
  - Safety Behaviors, Activities and Standards
  - Successful Reentry of Offenders
  - Citizen Involvement
- **Response/Recovery**
  - Child and Adult Crime and Abuse Victim Assistance
  - Managing Crises

**Improve Iowans' Health**

- All Iowans have access to quality care
- Improve quality of life
  - Strengthen and support families

**Improving student achievement**

- Secure and nurturing families

**Participants in the Offer:** DHS

**Person Submitting Offer:** Kevin Concannon, Director, DHS

**Contact Information:** Mary Nelson, 281-5521, [mnelson1@dhs.state.ia.us](mailto:mnelson1@dhs.state.ia.us)

### **OFFER DESCRIPTION**

This offer focuses on vulnerable children. The offer emphasizes prevention, with a special focus on community partnerships; improves services to produce better results for kids; encourages collaboration and partnerships; shows measurable results; and promotes cultural competence.

Through this offer, DHS staff investigate allegations of child abuse and neglect; and provide case management services, including the delivery of services and interventions for children who are at risk of being abused or determined to be a child in need of assistance. Specific services (e.g., family centered

services, family foster care) are purchased from private agencies. The 8 Service Area Managers manage funding for purchased services. Specific strategies include:

- Prevention and early intervention services to at-risk children and families
- Responding to reports of child abuse or neglect (over 25,000 assessments in CY03)
- Provision of an array of in-home supports (e.g., family centered services)
- Provision of an array of out-of-home treatment services (e.g., family foster care and group care)
- Finding permanent families for children who cannot return home
- Preparing youth who age out of foster care for adulthood
- Enforcing safety standards for providers serving children

This offer also provides funding for the Volunteer Program. The Volunteer Program maximizes the use of tax dollars by utilizing volunteers to enhance mandated services and fill gaps in State and local service delivery systems. The Volunteer Program recognizes the value of involving citizen service and partnership in tackling core social problems and human needs. Individuals who volunteer epitomize the value of citizen service by contributing their time, talents and resources without financial gain. Volunteers contribute to the child welfare system in numerous ways such as providing transportation, acting as advocates and mentors, assisting families in completing necessary paperwork, and providing administrative support which allows social workers to spend more time with families.

Through this offer, DHS also funds services directed to rehabilitating youth who have committed a delinquent act. Supervision of juvenile offenders and case management for these services are done by Juvenile Court Officers that are part of the Judicial Department. DHS also partners with the 8 Chief Juvenile Court Officers to manage the funds appropriated for these services. Specific services include:

- Funding of graduated sanction programs (i.e., school-based supervision, adolescent tracking, supervised community treatment, and life skills)
- Funding for out of home placement for youth who have committed a delinquent act (e.g., group care)
- Enforcing safety standards for providers that provide 24-hour care to children

Attached to this offer are 2 matrixes that display:

- The full array of child welfare services from prevention to post-permanency services, including those services funded under this appropriation and those funded through other appropriations or sources.
- The full array of juvenile justice services from prevention to aftercare services, including those services funded under this appropriation and those funded through other appropriations or sources.

Also attached is a list of the specific services/programs funded under the Child and Family Services appropriation, showing total dollars (as well as state and federal funds), and caseloads that would be funded under this offer<sup>1</sup>.

### **IMPROVEMENT WITHIN EXISTING RESOURCES**

Over the last year, DHS had been engaged in implementing a redesign of our child welfare and juvenile justice system, Better Results for Kids. Redesign strategies/elements have been developed based on input from stakeholders and the public gathered through a series of public meetings and guidance of a large stakeholder group.

Following is a list of specific redesign initiatives that are being implemented within existing resources.

- Drug endangered children projects and domestic violence partnerships
- Community Partnerships for Protecting Children, including neighborhood networks

---

<sup>1</sup> The actual numbers of children served in specific programs would vary based on the needs of individual children and families. DHS Service Area Managers and Chief Juvenile Court Officers are able to move funds from one program line to another based on the local needs.



- Community Care initiative
- Family team meetings
- Memorandums of Agreement (MOA's) with the Departments of Education and Public Health focused on improving educational and health outcomes for children in the child welfare system
- Development of outcome based purchasing and incentives for evidence based practices
- Development of a quality assurance system
- Efforts to address disproportionality for minority children
- Streamlining and aligning documentation requirements in a way that supports key decision points, and streamlines documentation for frontline staff in order to free up worker time for face-to-face interactions with children and families
- Development of additional service options within the family centered services program to address gaps identified by staff between the services that children and families need to keep children safe, and the menu of services available under our current program

Perhaps the most bold and innovative aspect of the Better Results for Kids redesign is the fact that the redesign is being implemented without any new resources being invested into the child welfare system. Virtually every other state that has embarked on a major redesign of its child welfare system has invested significant new resources into the system enhancements.

In addition, a number of the redesign strategies are especially bold and innovative.

- Through the Community Care initiative, DHS will enter into a performance based contract with a single provider or network of providers to deliver community based supports and services to families in which there is a lower risk of abuse and neglect. The contractor will be responsible for providing services and supports to families referred by DHS that are geared to keeping the family intact, preventing the need for further intervention by DHS (including removal of the child from the home), and building on-going linkages to community-based resources that improve the safety, stability, and well-being of the children and families serviced. Providers will be afforded significantly more flexibility than under the current purchasing system, in exchange for increased accountability for outcomes related to safety, family engagement and stability, and family satisfaction. A portion of the contractor's payment will be contingent upon achieving certain performance targets related to abuse/neglect, court involvement, family engagement and family satisfaction.
- Through the Community Partnerships for Protecting Children (CPPC)<sup>2</sup>, DHS will engage in an aggressive campaign to engage communities in the protection of children from abuse and neglect. Initially, Iowa was one of 4 states that received funding from the Edna McConnell Clark Foundation to pilot the CPPC approach in a single site. Since that initial pilot, DHS has developed the infrastructure and laid the groundwork to begin expansion to other communities – to date, 38 Iowa counties are implementing the CPPC approach – each in a way that addresses the unique needs of the individual communities and connects CPPC to other collaborative initiatives in the community (e.g., Decat or Empowerment). Iowa has been recognized by the Center for Community Partnerships in Child Welfare (part of the Center for the Study of Social Policy) as having the most well developed approach to statewide expansion of CPPC, and is likely to be the first state to go statewide with this innovative and effective approach to engaging communities in child protection. The Center has indicated they want to continue to partner more with Iowa as we move forward so that they can learn with us on successful strategies for taking such an initiative to scale.

---

<sup>2</sup> CPPC includes 4 broad strategies developed through research on effective approaches to addressing child abuse and neglect – individualized course of action, neighborhood networks, policy and practice change, and shared decision-making.

- Implementation of an on-line “Data Dashboard” as part of our child welfare Quality Assurance system -- as a way to make performance data accessible to frontline and management staff, and as a way to connect research to practice. Through the Data Dashboard, staff throughout the agency are able to easily view key outcome performance measures (e.g., incidence of repeat maltreatment, foster care re-entry), and customize their analysis of the data (e.g., by county, by Judicial District, by age group, by race/ethnicity). We are also developing linkages within the Data Dashboard to related research (e.g., research on factors associated with risk of repeat maltreatment and evidence based practices to reduce repeat maltreatment), and developing a section on “implications for frontline practice” that will translate research to practice.
- DHS has taken a unique approach to streamlining documentation. Faced with the same problems with documentation and paperwork, other states have often focused on eliminating specific pieces of paper or extensive time studies. DHS, on the other hand, engaged a consultant to focus on the “life of the case”, and to align documentation requirements to evidence based practices that support key decision points and ensure that staff have “the right information at the right time to make the right decision”. In addition, DHS will take advantage of several new tools (e.g., Filenet and Teleform) to provide technology support to frontline staff.
- DHS has selected a multi-focused approach to addressing disproportionality for minority children within child welfare. Building on the work that has been done related to disproportionality within the juvenile justice system, the University of Iowa Disproportionate Minority Contact Resource Center will assist DHS in reviewing key decision points in the “life of the case” to identify and remove or minimize any biases that may be built into decision making structures. DHS is also partnering with 2 communities that are implementing innovative approaches to engaging the community in strengthening families and reducing disproportionality. The 2 communities are Des Moines (which will work on reducing over-representation of African American children in out-of-home placement) and Sioux City (which will focus on reducing over-representation of Native American children in out-of-home placement).
- DHS had made a commitment to institutionalize the use of family team meetings in child welfare cares. Family team meetings are a research-based approach to increasing family engagement in the case planning process. By the end of the next 2 years, DHS will make family team meetings available to 85% of families in which there has been a founded report of child abuse or neglect involving a child under the age of 6 years.

### **IMPROVEMENT INVOLVING NEW RESOURCES**

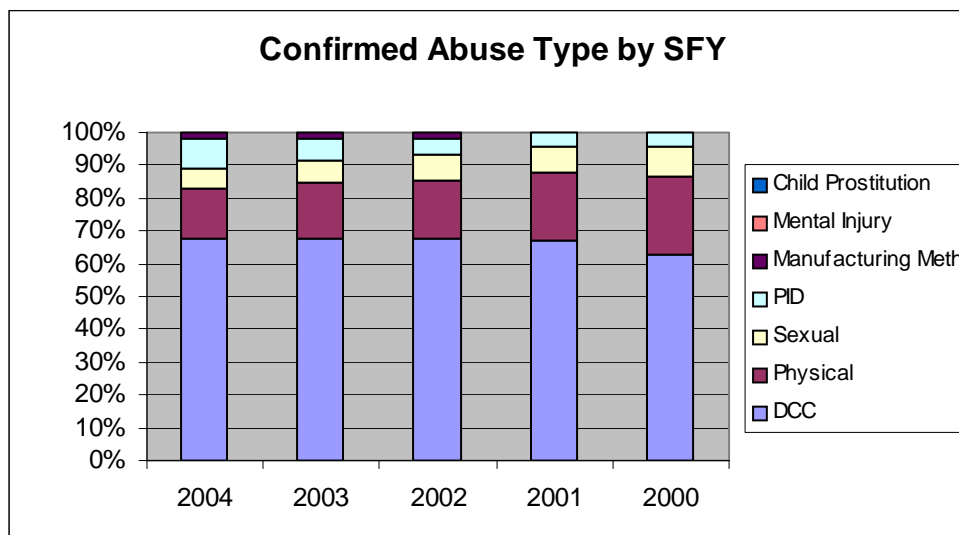
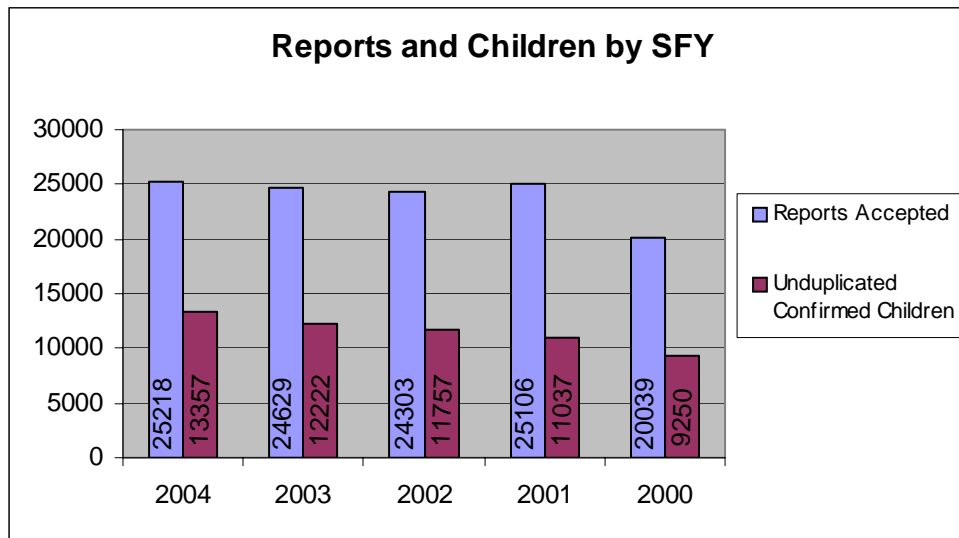
Through this offer, DHS is proposing the state invest an additional \$ 2,279,317 in state funding.

- \$100,000 to purchase additional family team meeting facilitation to improve engagement. As noted above, the Children’s Bureau has identified family engagement and involvement in case planning as a critical variable in reducing repeat maltreatment and foster care re-entry
- \$200,000 for enhancements to our child welfare information system to provide additional technology tools for frontline child welfare caseworkers and frontline supervisors to enable them to use data to inform their practice
- \$300,000 in additional funding for flexible supports and services for families to prevent repeat maltreatment and foster care re-entry
- \$1,679,317 for additional child welfare staff to enable staff to increase monthly face-to-face visits with children and parents. As noted above, the Children’s Bureau has identified regular monthly face-to-face visits with children and parents as critical variables in reducing repeat maltreatment and foster care re-entry

## **OFFER JUSTIFICATION**

The change strategies in this offer were developed in response to input and feedback received from stakeholders and the public as part of the Better Results for Kids Redesign. Following is a short summary of data related to the incidence of abuse and neglect in Iowa, as well as research identifying the effects of child abuse and neglect on child development, and the positive impact of child welfare services.

Incidence of abuse and neglect in Iowa. The following charts show the number of confirmed incidents and confirmed victims of abuse in Iowa over the last five years and the percentages of type of confirmed abuse. The number of victims of abuse continues to increase, and the number of children with a presence of illegal drugs in their body has increased.



Effects of child abuse and neglect on child development. Various studies have identified negative effects of child abuse and neglect on child development.

- Children exposed to physical abuse and/or neglect often experience adverse impacts in their physical health, brain development, cognitive and language skills, academic achievement, socio-emotional functioning<sup>3</sup>.
- Neglect is associated with a variety of developmental difficulties in childhood, including cognitive, language, and academic delays, poor peer relations, and internalizing (anxiety, depression) and externalizing (aggression, impulsivity) behavior problems<sup>4</sup>.

Positive impact of child welfare services. Numerous studies have shown the cost-effectiveness of prevention and early intervention programs. In 2001, one study using conservative estimates projected the annual cost of child abuse and neglect in the United States to exceed \$94 Billion dollars. These costs included such direct costs as medical treatment, child welfare services, law enforcement, mental health care and the judicial system. Indirect costs included additional costs for special education, mental health and medical care, increased juvenile delinquency, adult criminality and lost productivity to society.<sup>5</sup> One study in Vermont showed that their ability to reduce the number of child abuse victims in their state resulted in a 24% reduction in otherwise expected costs.<sup>6</sup>

Findings from the federal Child and Family Service Review (CFSR). Beginning in FFY 2000, the federal government implemented a new system for evaluating the effectiveness of state child welfare systems. The CFSR focuses on 7 outcomes related to safety, permanency and child and family well-being; as well as 7 systemic factors<sup>7</sup>. No state has met the federal standards for all 7 outcomes and all 7 systemic factors. Iowa's on-site review was conducted in May 2003, and we received our final report in October 2003. Following is a brief summary of the findings from Iowa's CFSR final report.

- Iowa met the federal expectations on one of the safety measures.
- Iowa did not meet the federal expectations on either of the permanency measures.
- Iowa met the federal expectation related to educational well-being, but did not meet the federal expectations related to children's physical and mental health outcomes.
- Iowa met the federal expectations related to statewide information system, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment and retention.

Two notable findings in the final report were that:

- One of the weakest areas of state performance was in the area of caseworker contact. Whereas the federal expectation is that caseworkers have monthly contact with children in at least 90% of cases, case reviewers determined that caseworker visits were of sufficient frequency in only 10% of the cases reviewed. The lack of contact was attributed to the excessively high caseloads carried by caseworkers and the consequent reliance on information from other sources, such as service providers, to monitor children's safety and well-being.

---

<sup>3</sup> Cicchetti, D., and Toth, S., eds. *Developmental perspectives on trauma: Theory, research and intervention*. Rochester, NY: University of Rochester Press, 1997.

<sup>4</sup> Bolger, K.E., and Patterson, C.J. Pathways from child maltreatment to internalizing problems: Perceptions of control as mediators and moderators. *Development and Psychopathology* (2001) 12:913-40; and Crittendon, P. Child neglect: Causes and contributions. In *Neglected children: Research, practice, and policy*. H. Dubowitz, ed. Thousand Oaks, CA: Sage Publications, 1999.

<sup>5</sup> Fromm, Suzette, *Total Estimated Cost of Child Abuse and Neglect in the United States*, Prevent Child Abuse America, 2001.

<sup>6</sup> Hogan, Cornelius D., and Murphy, David A., *Toward an "Economic of Prevention": Illustrations from Vermont's Experience*, The Finance Project, 2000

<sup>7</sup> The 7 CFSR systemic factors are: statewide information system, case review system, quality assurance system, training, service array, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment and retention.

- Information from the statewide assessment and the stakeholders' interviews conducted during the onsite CFSR attributed many of the current difficulties experienced by DHS to recent budget cuts in all areas of child welfare agency functioning.

Based on a statistical analysis of the CFSR reviews in all 50 states, WDC, and Puerto Rico, the Children's Bureau identified several casework practices as positively associated with better child welfare outcomes<sup>8</sup>.

- Frequency of caseworker visits with children and parents was positively associated with improved safety for children, timely achievement of permanency outcomes, placement stability, and meeting child's well-being needs (including education, physical health and mental health).
- Family engagement and parental involvement with case planning was associated with improved safety for children, timely achievement of permanency outcomes, and placement stability.

This report notes that one of the major findings of the CFSR's has been the importance of caseworker visits with parents and children.

The strategies included in the Better Results for Kids redesign are based on the findings of Iowa's CFSR, as well as on extensive discussions with stakeholders across Iowa. The strategies align with our CFSR Program Improvement Plan<sup>9</sup>, and will address the key areas identified as needing improvement in Iowa's CFSR final report, including the following.

<b>CFSR Area Needing Improvement</b>	<b>Better Results for Kids Redesign</b>
Family engagement	<ul style="list-style-type: none"> <li>Expansion of family team meetings</li> </ul>
Need for wider array of services and increased service flexibility	<ul style="list-style-type: none"> <li>Implementation of Community Care</li> <li>Development of flexible service options within family centered services</li> <li>Expansion of community based services</li> <li>Expansion of Community Partnerships for Protecting Children</li> </ul>
Monthly visits with children and parents	<ul style="list-style-type: none"> <li>Documentation streamlining in order to free up worker time to reinvest in face-to-face contact with children and families</li> <li>Increase in number of casework staff<sup>10</sup></li> </ul>
Need to improve child well-being outcomes	<ul style="list-style-type: none"> <li>Memorandums of agreement with Departments of Public Health and Education</li> </ul>
Development of quality assurance system	<ul style="list-style-type: none"> <li>Implementation of quality assurance system, including data dashboard and integration of information on evidence based practice</li> <li>Development of provider performance measures</li> </ul>

<sup>8</sup> Children's Bureau, "Findings from the Initial 2001 – 2004 Child and Family Services Reviews.

<sup>9</sup> States are required to develop Program Improvement Plans (PIP) that include strategies to address each Area Needing Improvement identified in the state's CFSR final report. States have 2 years to implement their PIP and to improve performance on the federal outcomes.

<sup>10</sup> Additional casework staff are needed to significantly increase the frequency of visits with children and parents because of the high caseloads that DHS staff currently carry. The Child Welfare League of America recommends caseloads of 17 families or 12-15 foster children, whereas DHS caseloads currently average responsibilities for 102 cases including 45 child welfare cases. While DHS is implementing a number of initiatives to reduce caseworkers' workload, these will only have marginal impact given overall caseloads.

**Safe Communities**

Child welfare services contribute to safe communities by helping to ensure that children grow up in safe, supportive families and communities. The Community Partnership for Protecting Children, in particular, helps to build more supportive communities for families and to engage citizens in keeping children safe. Child welfare services also provide safe alternative environments for children who cannot live with their birth families, as well as counseling and other supportive services to help child victims of abuse and neglect to recover and grow to be productive citizens. Juvenile justice services provide a continuum of sanctions to manage risk, and contribute to the successful rehabilitation of juvenile offenders so that they grow up to be productive contributing citizens.

**Improve Iowan's Health**

Child welfare and juvenile justice services provide community based services for vulnerable populations, and improve the quality of children's lives by providing safe and health environments for children to grow up in. These systems also focus on ensuring that children and families have access to quality care.

**Improving Student Achievement**

Child welfare and juvenile justice services contribute to children growing up in secure and nurturing families by providing services to address the factors that place children at risk of abuse, delinquency, and out-of-home placement.

## **PERFORMANCE MEASUREMENT AND TARGET**

As noted above, the federal Administration for Children and Families conducts a review of child welfare services, the Child and Family Services Review (CFSR). The following performance measures are drawn from the CSFR and Iowa's Program Improvement Plan:

Measure	Status Quo Target	Enhanced target (If improvements are funded)
Timeliness of response to reports of maltreatment	73%	83%
% of children visited monthly (current policy requires visits every 90 days)	10%	25%
% of children who experience recurrence of maltreatment within 6 months	11.2%	10.3%
% of children exiting foster care who do not re-enter foster care within 12 months of last foster care episode	60%	62.5%

## **PRICE AND REVENUE SOURCE**

**Total Price:** \$219,939,310

Expense Description	Amount of Expense	FTEs
Purchased Services	\$167,077,209	
Administration	6,366,658	63.07
Service Delivery	43,317,160	632.33
Volunteers	185,011	
Improved Results – Purchased Services	400,000	
Technology tools for frontline workers	308,295	
Improved Results – Service Delivery	2,284,977	32.00
<b>Total</b>	<b>\$219,939,310</b>	<b>727.40</b>

Revenue Description	Amount
State General Funds	\$106,364,780
Other State \$ *	3,737,089
Federal Matching Funds	101,943,984
Other Funds	7,893,457
<b>Total</b>	<b>\$219,939,310</b>

\* Tobacco funds

Note: This offer includes administrative functions and local staff necessary to deliver services effectively and efficiently. Service levels under this offer assume any salary adjustment for IDHS staff is fully funded.

### Child Welfare Array of Services<sup>11</sup>

**Outcomes:** Child safety, permanency, academic achievement and skill development, and well-being

Prevention	Early Intervention	Services to Intact Families	Out-of-Home Placement	Permanency/Transition Services	Post-Permanency Services
<ul style="list-style-type: none"> <li>▪ Family Investment Program (FIP)</li> <li>▪ SCHIP</li> <li>▪ EPSDT</li> <li>▪ Empowerment</li> <li>▪ Food stamps</li> <li>▪ <i>Child abuse prevention grants</i></li> <li>▪ HOPES</li> <li>▪ Child care assistance</li> <li>▪ Early Access</li> <li>▪ Community Mental Health Services</li> <li>▪ Teen Pregnancy Prevention</li> <li>▪ CPPC</li> <li>▪ <i>Decat funded services</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Decat funded services</i></li> <li>▪ <i>Community care</i></li> <li>▪ <i>Community Partnerships for Protecting Children (CPPC)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Family preservation</i></li> <li>▪ <i>Family centered services</i></li> <li>▪ <i>Protective child care</i></li> <li>▪ Iowa Plan services</li> <li>▪ CPPC</li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Shelter care</i></li> <li>▪ <i>Family foster care</i></li> <li>▪ <i>Group care</i></li> <li>▪ PMIC</li> <li>▪ MHI</li> <li>▪ Toledo</li> <li>▪ <i>Supervised apartment living</i></li> <li>▪ Iowa Plan services</li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Reunification services</i></li> <li>▪ <i>Adoption services</i></li> <li>▪ Transition services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adoption subsidy</li> <li>▪ Aftercare Network</li> <li>▪ Education &amp; Training vouchers (ETV)</li> </ul>

**Prevention Services** – These programs provide support to vulnerable children and families, e.g., low income families, families in which children have special physical or mental health care needs.

**Early Intervention Services** – These programs provide support to families that have come to the attention of the child welfare system (e.g., through a child abuse report), but DHS has determined that community services can address any safety issues identified in the family.

**Services to Intact Families** – These programs provide services to families for whom DHS has opened up a formal child welfare case. Services may be provided on a voluntary basis or as the result of Juvenile Court adjudication.

**Out-of-Home Placement** – These programs provide services to children that the Juvenile Court has determined need to be removed from their home in order to ensure the child's safety and well-being.

**Permanency/Transition Services** – These programs provide services to children in foster care to secure a permanent family for the child, or to assist children who will age out of foster care to make the transition to adulthood.

**Post-Permanency Services** – These programs provide supports to children and families after they have left the formal child welfare system.

<sup>11</sup> Programs in *italics* are funded through Child and Family Services appropriation.



### Juvenile Justice Array of Services<sup>12</sup>

**Outcomes:** Offender rehabilitation and community safety

Prevention	Early Intervention	Services to Youth at Home	Out-of-Home Placement	Transition Services	Aftercare Services
<ul style="list-style-type: none"> <li>Family Investment Program (FIP)</li> <li>SCHIP</li> <li>EPSDT</li> <li>Empowerment</li> <li>Food stamps</li> <li>Child abuse prevention grants</li> <li>HOPES</li> <li>Child care assistance</li> <li>Early Access</li> <li>Community Mental Health Services</li> <li>Teen Pregnancy Prevention</li> <li>CPPC</li> <li>Decat funded services</li> </ul>	<ul style="list-style-type: none"> <li>Decat funded services</li> <li>Child welfare services</li> <li>School based liaisons</li> <li>Shoplifters programs</li> <li>Juvenile Accountability Incentive Block Grant (JAIBG) funded programs</li> <li>Federal juvenile delinquency prevention grants</li> </ul>	<ul style="list-style-type: none"> <li>Restitution</li> <li>Probation</li> <li>Life skills</li> <li>Tracking &amp; monitoring</li> <li>Supervised community treatment</li> <li>Court ordered services (COS)</li> <li>Iowa Plan services</li> <li>JAIBG funded programs</li> </ul>	<ul style="list-style-type: none"> <li>Shelter care</li> <li>Family foster care</li> <li>Group care</li> <li>COS</li> <li>Detention</li> <li>Toledo</li> <li>Eldora</li> <li>PMIC</li> <li>MHI</li> <li>Supervised apartment living</li> <li>Iowa Plan services</li> </ul>	<ul style="list-style-type: none"> <li>Tracking &amp; monitoring</li> <li>Supervised community treatment</li> <li>Probation</li> <li>Transition services</li> </ul>	<ul style="list-style-type: none"> <li>Aftercare Network</li> <li>Education &amp; Training vouchers (ETV)</li> </ul>

**Prevention Services** – These programs provide support to vulnerable children and families, e.g., low income families, families in which children have special physical or mental health care needs.

**Early Intervention Services** – These programs provide support to youth that have come to the attention of the juvenile justice system, but Juvenile Court Services (JCS) has determined that community services can address any identified community safety and rehabilitation issues.

**Services to Youth at Home** – These programs provide services to youth for whom JCS has opened up a formal delinquency case. Services are provided on the basis of an informal adjustment or as the result of a court adjudication that the youth is delinquent.

**Out-of-Home Placement** – These programs provide services to youth that the Juvenile Court has determined need to be removed from their home in order to ensure the rehabilitation and/or community safety.

**Permanency/Transition Services** – These programs provide services to youth in foster care to assist them in making transition back to their home and community, or to assist children who will age out of foster care to make the transition to adulthood.

**Post-Permanency Services** – These programs provide supports to youth after they have left the formal juvenile justice system.

<sup>12</sup> Programs in *italics* are funded through Child and Family Services appropriation.

## OFFER FOR IOWANS

### IDENTIFYING INFORMATION

**Offer Identifier:** H\_401\_27F

**Offer Name:** Community Based Programs

**This offer is for a (pick one):**

☐ new activity

☐ improved existing activity (describe the improvements in your narratives below)

☒ status quo existing activity

**Result(s) Addressed:**

#### **Safe Communities**

Youth and Child Development

- Healthy and socially competent

Child and Adult Crime and Abuse Victim Assistance

- Maintain children in safe environment, including the use of foster care

**Participants in the Offer:** Iowa Department of Human Services

**Person Submitting Offer:** Kevin Concannon, Director

**Contact Information:** Ann Wiebers, (515) 281-6080, fax (515) 281-7791, e-mail: awieber@dhs.state.ia.us

### OFFER DESCRIPTION

#### **Community-Based Prevention Programs (Family Planning, Pregnancy Prevention and Child Abuse Prevention Services)**

*Community-based* programs provide family planning, pregnancy prevention and child abuse prevention services. [Iowa Administrative Code section 441-163.2 requires IDHS to administer grants for community adolescent pregnancy prevention programs in any state fiscal year for which funds are appropriated for this purpose. [Iowa Code chapter 235A requires IDHS to operate a child abuse program, including prevention services.]

#### **Healthy Opportunities for Parents to Experience Success (HOPES)**

The *Healthy Opportunities for Parents to Experience Success (HOPES)* program offers professional home visiting services to expectant and new parents. Administered by the Iowa Department of Public Health (IDPH) but partially funded by IDHS, this program is designed to prevent child abuse by promoting child health and development, improving family coping skills and functioning, and promoting positive parenting and interaction. [Iowa Code section 135.106 requires that the IDPH establish a HOPES program.]

## **Parental Obligation Pilot**

*Parental obligation pilot* supports community level, collaborative projects that provide a wide array of services to help parents develop and maintain relationships with their children and meet parental obligations, including financial support.

This offer includes administrative functions and local staff necessary to deliver services effectively and efficiently. Service levels under this offer assume any salary adjustment for IDHS staff is fully funded.

This offer involves collaboration with and affects other state agencies including but not limited to the Iowa Departments of Health.

## **OFFER JUSTIFICATION**

### **Community–Based Prevention Programs (Family Planning, Pregnancy Prevention and Child Abuse Prevention Services)**

10,500 families are expected to receive family planning services while 65,000 teens will benefit directly from pregnancy prevention activities with more affected indirectly through a media campaign.

Pregnancy prevention programs help ensure adolescents' education is not interrupted, delayed, or abandoned due to an unplanned pregnancy while family planning services perform a like function by preventing unplanned pregnancies that can have similar effects on career paths. Attachment A is a fact sheet from the National Campaign to Prevent Teen Pregnancy that describes some of the consequences of teen pregnancies. Attachment B is an *Executive Summary of A Cross-site Evaluation of Iowa's Adolescent Pregnancy Prevention, Intervention and Community Programs* describing the effectiveness of the pregnancy prevention services under this offer.

Family planning and pregnancy prevention programs increase consumer knowledge so Iowans can make good lifestyle choices and know about and access preventative treatments.

Iowa's community-based child abuse prevention programs assist over 10,000 adults and 50,000 children each year. By supporting safe and stable home environments, child abuse prevention programs also contribute toward children's early and continued success in school and subsequent success in the workforce. Child abuse prevention programs funded by this offer provide community-level support for a variety of services such as parent education, home visits, and public awareness to reduce the incidence of child abuse and neglect.

Child abuse prevention programs help provide a safe, healthy living environment for children and reduce risk factors leading to physical or emotional harm or exposure to hazardous materials and situations. Attachment C provides additional evidence of the benefits of child abuse prevention programs supported by this offer.

## **Parental Obligation Pilot**

Parental obligation pilot programs provide benefits and services designed to increase family income and access to health insurance through employment. Two to three new or expanded projects will be funded. Parental obligation pilot programs further support community programs that help parents develop and strengthen relationships with their children.

The parental obligation pilot programs provide education, training, employment and other support services to families receiving or at risk of receiving FIP. These services lead to a more highly educated workforce and increased employment, including self-employment, at higher-paying jobs resulting in an increase in personal income.

According to the *Guiding Principles* of the Polk County Fathers and Families Coalition,

Children, fathers, mothers, families, and communities all benefit when:

- Fathers and mothers share responsibility for their children.
- Fathers have healthy relationships with their children, regardless of marital status.
- The community recognizes its role in supporting fathers and families.

Attachment D, also taken from the *Guiding Principles* of the Polk County Fathers and Families Coalition and compiled by the Lewin Group and Attachment E, derived from an international study by Massey University in New Zealand, provide additional evidence of the effects of growing up “fatherless.”

### **Healthy Opportunities for Parents to Experience Success (HOPES)**

Families receive non-medical support services during the prenatal period and through their children’s preschool years. Approximately 800 families are served each year.

All of these programs and services in this offer improve community safety, particularly for Iowa children, through child abuse prevention programs and by supporting youth and child development.

### **PERFORMANCE MEASUREMENT AND TARGET**

<b>Measurement</b>	<b>Target</b>
Percent of parents who maintain and improve the level of financial support to their children as measured by the amount of child support received	80%
Average score of teen pregnancy prevention participant responses to survey questions relating to abstinence and likelihood of postponing sex. (Scale is 1 = not at all, 2 = a little more, 3 = a lot more.)	2
Live births to mothers under age 18 in areas served by grantees – 1/3 of counties will not have an increase	1/3

**PRICE AND REVENUE SOURCE****Total Price: \$3,375,037**

<b>Expense Description</b>	<b>Amount of Expense</b>	<b>FTEs</b>
<b>Current service level</b>		
Purchased Services	\$3,375,037	2.00
<b>Total</b>	<b>\$3,375,037</b>	<b>2.00</b>

<b>Revenue Description</b>	<b>Amount</b>
State General Funds	\$240,000
Federal Funds	\$3,135,037
<b>Total</b>	<b>\$3,375,037</b>

## ATTACHMENT A

**Fact Sheet:****A look at the Real Costs  
of Teen Pregnancy****March 2003***Teen pregnancy affects everyone.*

- Although the rates are declining, the U.S. still has the highest rates of teen pregnancy, birth, and abortion in the western industrialized world. Problems related to teen pregnancy cost taxpayers over \$7 billion per year.<sup>1</sup>
- Forty percent of American girls become pregnant at least once by age 20 — that's nearly one million teen pregnancies each year.<sup>2</sup>

*Teen pregnancy is linked to poverty and school failure.*

- Half of all single mothers on welfare were teenagers when they had their first child.<sup>3</sup>
- Fewer than one-third of teen mothers ever finish high school. This leaves them unprepared for the job market and more likely to raise their children in poverty.<sup>4</sup>
- Nearly 80 percent of the fathers of babies born to teen mothers do not marry their babies' mothers. On average, these absent fathers pay less than \$800 annually for child support.<sup>5</sup>

*Children of teen mothers suffer most.*

- Children of teen mothers are twice as likely to be abused and neglected as are children of older mothers.<sup>6</sup>
- Babies born to teens are at an increased risk of low birth weight and the attending health problems: mental retardation, blindness, deafness, mental illness, cerebral palsy, and infant death.<sup>7</sup>
- Children of teen mothers are more likely to do poorly in school, more likely to drop out of school, and less likely to attend college.<sup>8</sup>
- The consequences to the children of teen mothers continue into young adulthood. Girls born to teen mothers are 22 percent more likely to become mothers as teens themselves and sons of teen mothers are more likely to end up in jail.<sup>9</sup>

• • • 1776 Massachusetts Ave. NW, Suite 200, Washington, DC 20036 •  
 (202) 478-8500 phone • (202) 478-8588 fax • [www.teenpregnancy.org](http://www.teenpregnancy.org)

Most of these statistics were drawn from the National Campaign's report, *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. For more information on the problem of teen pregnancy, see our website, [www.teenpregnancy.org](http://www.teenpregnancy.org).

## SOURCES

---

1. Maynard, R.A., "The Costs of Adolescent Childbearing," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 285-338), Washington, DC: The Urban Institute Press, 1997; Curtin, S.C., & Martin, J.A., "Births: Preliminary Data for 1999," *National Vital Statistics Reports*, 48(14), 1-24, August 8, 2000; and Singh, S., & Darroch, J.E., "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries," *Family Planning Perspectives*, 32(1), pp. 14-23.
2. National Campaign to Prevent Teen Pregnancy analysis of Ventura, S.J., Mosher, W.D., Curtin, S.C., Abma, J.C., & Henshaw, S., *Trends in Pregnancy Rates for the United States, 1976-97: An Update*, Hyattsville, MD: National Center for Health Statistics, June 2001.
3. U.S. Congressional Budget Office, *Sources of Support for Adolescent Mothers*, Washington, D.C.: Author, September 1990. See also Jacobson, J., & Maynard, R., *Unwed Mothers and Long-Term Dependency*, Washington, DC: American Enterprise Institute for Public Policy Research, September 1995.
4. Maynard, R.A. (Ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.
5. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.
6. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.
7. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.
8. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.
9. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.

## ATTACHMENT B

### *A Cross-site Evaluation of Iowa's Adolescent Pregnancy Prevention, Intervention and Community Programs describing*

#### INTRODUCTION

Teenage pregnancy continues to be a major public health concern both in Iowa and across the nation. While trends show a decline in the rate of teen births, percentages of teen births to unmarried teens are higher than in the previous decade (Ventura, Matthews, and Hamilton, 2001). Teen births have been shown to be more prevalent in some segments of the population (Trent and Crowder, 1997), but teen births do occur in every socioeconomic and ethnic group. In each case, the teen parents and their children are at risk.

A number of problems continue to be associated with teenage pregnancy, both for the parent and the child. The pregnancy itself carries higher risk. Teen mothers are less likely to receive early prenatal care and more likely to smoke during pregnancy. Babies born to teenage mothers are more likely to be born early, have a low birth weight, and die within the first year. Teen parents demonstrate a lack of skills and knowledge about child development and childcare, poor life skills, and limited social supports. Adolescent mothers are less likely to complete their education, giving them a poorer background with which to enter the labor force and increasing the chance that they and their children will fall into poverty. Financial instability also increases the potential for receiving public assistance. The stresses of teen parenting, with the mixture of poor life skills, little parenting knowledge and immaturity, sometimes result in child abuse and neglect. (Alan Guttmacher Institute, 1994; Kirby, Short, Collins, Rugg, Kolbe, Howard, Miller, Sonenstein, and Zabin, 1994; Maynard, 1997; Kids Count, 1998; National Campaign to Prevent Teen Pregnancy, 1997, 2002; Ventura, Matthews, and Hamilton, 2001; Sawhill, 2001)

Recent national statistics show that the rate of births to teens 15 to 19 years old has fallen from a recent high of 62.1/1000 in 1991 to 45.3/1000 in 2001 (Ventura, Hamilton and Sutton, 2003), and preliminary data for 2002 show this trend continuing, with a rate of 42.9/1000 (Hamilton, Martin, and Sutton, 2003)). Iowa trends show a similar decrease from 42.6/1000 in 1991 to 33.0/1000 in 2001 (Martin, Hamilton, Ventura, Menacker, Park, and Sutton, 2002). While the decline represents a welcome reversal of an increase in teen births experienced in the late 1980's, it is countered by a continuing rise in the percentage of unmarried births to 15 to 19 year olds, which rose nationally from 67% in 1990 to 78.9% in 2001 (Martin et. al. 2002). Similarly, the percentage of unmarried births to all Iowa teens (aged 12 to 19) rose from 80.1% in 1996 to 85.7% in 2002. Births to teens as a percentage of total births in Iowa have declined from 11.0% in 1995 to 9.1% in 2002. While the total number of births to teens in Iowa has declined from 4096 in 1996 to 3,420 in 2002, this still represents over 3,400 children in the state who are at risk. In addition, the percentage of teens in Iowa who are sexually active remains high, with 42.9% of high school students surveyed reporting that they have had intercourse and 33.7% reporting that they are currently sexually active. (Greenbaum, Kann, Kinchen, Williams, Ross, Lowry, and Kolbe, 2002). Census data (U.S. Census Bureau, 2001) indicate that there are 226,420 youth in Iowa between 14 and 19 years of age, which would mean that there are currently over 75,000 teens in Iowa who are sexually active. These numbers underscore the continuing presence of teen pregnancy in the nation and in Iowa.

The continued problem of "children having children" has encouraged health and human services providers to create an array of prevention programs to combat this problem. These programs usually focus on one of the following goals: 1) Education: to educate young people, starting as early as third grade, on healthy relationships, expected physical and emotional changes during puberty and the teen years, and assertiveness skills; 2) Intervention: focus on delaying a second pregnancy until the young woman has completed her education and has developed adequate life skills to care and provide for a family - young fathers are sometimes included in these programs, as well; or 3) Community Education: the education of the community at large about the need to support and encourage teen pregnancy prevention efforts.

Meta-analysis of a number of pregnancy prevention programs has found that such programs can help to reduce teen pregnancy rates (Franklin et. al., 1997; Kirby et al., 1994, Kirby et. al., 1997; Kirby et. al. 2001). The importance of using a comprehensive community approach to pregnancy prevention has been asserted in the health promotion literature (Paine-Andrews, Vincent, Fawcett, Campuzano, Harris,



Lewis, Williams, and Fisher, 1996; Paine-Andrews et. al., 1999; Lewis et al, 1999) and focuses on the need to create an environment that is supportive of adolescent pregnancy prevention.

In response to concerns about teen births in Iowa, the Iowa Department of Human Services (DHS), Division of Adult, Children and Family Services awards grants to agencies and organizations throughout the state to develop or enhance programs that foster the prevention of initial or repeat pregnancies to Iowa adolescents. This report represents the fourth year of the most recent round of APP funding for "community" grantees, and the eighth year of the evaluation of these programs. The data presented in this report are drawn from 2002-2003 data collection activities.

In the initial round of APP funding, grantees chose to implement prevention, intervention or community education components or a combination of these. Concern about the limited impact of this approach led to increased emphasis on a collaborative community approach in the most recent round of DHS funding. For the current funding cycle (2002-2003), sixteen grants were awarded for comprehensive programming, and three additional sites received a continuation of their community education and planning funding. A Statewide Evaluation grant was awarded for both rounds to the University of Iowa, School of Social Work, Dr. Edward J. Saunders, and Miriam J. Landsman, Co-Investigators. The goals of this grant are to implement a centralized method of data collection from the pregnancy prevention demonstration projects across the state and to provide technical assistance, as needed, to each of the demonstration sites as they develop and/or implement their evaluation plan.

It should be noted that of the 16 grantees funded for comprehensive programming in 2002-2003, 15 submitted data for analysis, descriptions and details of prevention and/or intervention programming offered, and/or information on their community-wide prevention activities. Of the three sites that received funding for community education and planning in 2002-2003, two submitted a report on their adolescent pregnancy prevention activities. Collectively, information in this report is based on 17 DHS-funded adolescent pregnancy prevention grantees.

The full report can be found at <http://www.uiowa.edu/~nrcfcp/research/documents/appfin03.pdf>

## ATTACHMENT C

### THE RESEARCH BASIS FOR THE COST-EFFICACY OF THE IOWA CHILD ABUSE PREVENTION PROGRAM

State and federal funding provides financial support for the Iowa Child Abuse Prevention Program (ICAPP). In fiscal year 2004, this funding consisted of \$250,000 in federal Temporary Assistance for Needy Families (TANF) funds and \$731,000 in federal money from the Promoting Safe and Stable Families program. Through a request for proposal process, much of this money goes out as grants to local child abuse prevention councils for child abuse prevention programs including crisis nursery and respite care services, parent education, sexual abuse prevention instruction, and young parent support.

The core assumption supporting ICAPP is that child abuse is preventable and that children can be made safe from it if families receive appropriate and timely social support, respite child care, and education. Social support breaks down the isolation that many parents experience and helps them build the connections they need. Respite child care provides parents with quality care for their children during periods of high family stress. Education teaches parents how to communicate effectively and manage better their children's behavior.

#### *The Research Basis for Child Abuse Prevention Programs*

Research shows that prevention programs can do much to strengthen families and make children safer. The best evidence for this comes from short- and long-term studies of a nurse home visitation program in Elmira, New York that ran from April 1978 to September 1980. The *Journal of the American Medical Association (JAMA)* published two studies that found several significant positive outcomes for both the mothers and children involved in the program.<sup>1</sup>

Approximately 400 families participated in the program, which recruited primarily pregnant women who were eighteen years or younger, unmarried, and/or low income. The Elmira program divided participants into four groups of equal size. Children in all four groups received sensory and developmental screenings at one and two years of age. Families in the first group received no other services, and those in the second received only free transportation to prenatal and well-child visits. Families in the third group received home visits by a nurse during pregnancy in addition to the free transportation provided those in the second group. Families in the fourth group received nurse home visits through the child's second birthday along with all of the services provided the third group.

The Elmira program surveyed families that participated in the study periodically for up to fifteen years after its termination. It compared the outcomes for families that received no home visits (the first and second groups) with those who received visits prenatally only (the third group) or up through the child's second birthday (the fourth group).

Earlier studies of the Elmira program found that low-income unmarried women who received home visits were less likely to get pregnant again than those who did not receive home visits. The same group who received home visits to receive government financial assistance and be unemployed. These earlier studies only looked at results through the child's fourth birthday, however, and the two *JAMA* studies compared outcomes through the child's fifteenth birthday.

The 1997 *JAMA* study found several important differences in the outcomes for mothers in the first two groups from those in the fourth one. (By contrast, the outcomes for the first two

---

<sup>1</sup> Olds, D.L., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *JAMA*. 278 (8), 637-643 and Olds, D.L., et al. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior. *JAMA*. 280 (14), 1238-1244.

groups differed little from those for the third group, who received prenatal home visits only.) Those differences were concentrated among the families from what researchers termed “low socioeconomic status” (“low SES”) and did not appear among those families who were middle income.

Researchers found that the substantiated cases of child abuse and neglect and state criminal convictions were several times higher for the mothers who did not receive visits, as compared to those who received them through their child’s first two years. In addition, unvisited mothers averaged 1.6 subsequent births and 37.3 months between first and second births, as compared to 1.1 births and 64.8 months for mothers who received visits. Unvisited mothers also received, on average, 30 months more of public welfare payments and 37 months more of Food Stamps.

The 1998 *JAMA* study analyzed the fifteen-year differences between the participating children. The study compared their behavior in several areas, including school suspensions, arrests, convictions, running away, sexual activity, smoking, and drug use. It found several differences in long-term outcomes for the children participants. As in the earlier study, these differences existed primarily among families with low socioeconomic status. Children with low SES whose families received home visits were less likely to run away, be convicted or violate probation, and smoke cigarettes. They also had fewer sexual partners and consumed alcohol less frequently.

### *The Cost-Efficacy of ICAPP*

While research shows the efficacy of child abuse prevention programs, it does not provide a dollar figure for cost savings. As a result, we cannot project the savings in child abuse costs from ICAPP or any other prevention program. Nonetheless, based on relative prevention and treatment costs, there is good reason to believe in the cost efficacy of ICAPP.

On the prevention cost side, ICAPP provides a vast amount of help to families and children at relatively minimal cost. In fiscal year 2004, ICAPP-funded programs offered help to families and children in 82 counties. Councils provided 89,612 hours of crisis nursery and respite child care to 1,511 families with 2,579 children. More than 2,900 parents attended parent education classes, and 1,034 participated in young parents groups. Approximately 37,500 children and 3,900 adults attended sexual abuse prevention classes. Prevention services overall helped almost 49,000 children.

In fiscal year 2004, councils raised 120 percent as much in local cash and in-kind support as they received in ICAPP grants. This made it possible for councils to provide support at relatively little cost in state funds. For example, the cost in state/federal funding for ICAPP services in fiscal year 2004 was:

- \$2.10 an hour for respite care and \$4.84 an hour for crisis nursery services
- \$3.34 for each child and adult who attended a sexual abuse prevention presentation
- \$120 for each parent attending a parent education class and
- \$100 for each young parent who received ongoing support and parenting instruction

On the treatment cost side, the cost of child abuse to Iowa children, and society is immense. The immediate physiological and psychological consequences of abuse for children are all too apparent. The effects of abuse are also often long-term and can include sensory and learning deficits, increased illness, emotional disturbances, low self-esteem, and aggressive tendencies. Abused children are more likely to have problems in school, become juvenile offenders, or commit crimes as adults.

The costs to society of child abuse are substantial. Iowa spends over \$300 million each year to respond to abuse. This includes money to pay for out-of-home care for abused children, in-home support services for families where there has been abuse, and DHS child protection efforts. On a national level, a study by Prevent Child Abuse America has placed an annual price tag of \$94 billion on child abuse, which amounts to almost \$1,500 annually per family.

Given the great imbalance in these relative costs, ICAPP-supported prevention efforts do not have to reduce child abuse much to more than pay for themselves. Indeed, they need only have minimal success in reducing child abuse to more than pay for themselves. For example, if ICAPP efforts succeed in reducing child abuse by only one percent, the savings will be more than three times the program's cost.

### ***The Value of Child Abuse Prevention Councils***

An additional inestimable benefit from ICAPP is the child abuse prevention council network that it supports. These nonprofit councils are in almost 65 counties and are the entities responsible for the delivery of prevention services. Councils support families and protect children in other ways in addition to delivering services. Through their education efforts, councils create greater public awareness of child abuse and the importance of strengthening families. Council members participate in other human services-related work, such as assisting in community empowerment efforts. Councils and their members now play an important role in several local Community Partnership efforts.

## ATTACHMENT D

### Fathers and Families Updated Statistics

Children raised by two biological parents fare better, on average, than children raised by single parents. Sociologist Linda Waite reports that children raised by parents who got and stayed married are less likely to be poor, less likely to have health problems and less likely to commit crimes.<sup>2</sup> Children raised by two biological parents also fare better, on average, than children in step-parent or cohabiting-couple families.<sup>3,4</sup> It is important to note, however, that these statements refer to averages; they are not meant to imply that every child in a two-biological-parent family is better off than every child in other family structures. Moreover, the level of conflict in a marriage is an important factor. Research finds that marital conflict is a primary predictor of problem outcomes for children.<sup>5</sup>

Poverty levels are reduced when both parents are present. The poverty rate for married couples with children under age 18 was 8 percent in 2001, compared to 39 percent for female-headed families with children under age 18.<sup>6</sup>

Children who live with their biological fathers perform better in school, have higher grades and report higher academic confidence than children who do not live with both biological parents.<sup>7</sup>

- For example, high school students living with both parents score higher on math and science tests than students living in step-parent families and single-parent families.<sup>8</sup>
- High school graduation rates among children who completed the eighth grade were 90 percent for those in two-parent families, 75 percent for those in divorced-parent families and 69 percent for those in never-married families.<sup>9</sup>
- Children who grew up with both biological parents were more likely to go to college than children raised in mother-only families (71 percent versus 50 percent).<sup>10</sup>

Time spent with biological fathers reduces the chance that an adolescent will have contact with police or use drugs. One study found that while the probability of having a conviction before age 15 is low for all children, those who spend time in a single-mother household are 70 percent

<sup>2</sup> Linda Waite and Maggie Gallagher, Waite, L.J. & Gallagher, M. (2000). *The case for marriage. Why married people are happier, healthier, and better off financially*. New York: Broadway Books, p. 139.

<sup>3</sup> Sigle-Rushton, W. & McLanahan, S. (2002). Father absence and child well-being: A critical review. In preparation.

<sup>4</sup> Jeynes, W.H. (2000). The effects of several of the most common family structures on the academic achievement of eighth graders. *Marriage and Family Review*, 30(1/2) 73-97; cited in Institute for American Values (2002). *Why marriage matters: 21 lessons from the social sciences*. NY, NY.

<sup>5</sup> Amato, P.R. (1996). Explaining the intergenerational transmission of divorce. *Journal of Marriage and Family*, 58, p. 628-641.

<sup>6</sup> Current Population Survey, U.S. Census Bureau. [http://ferret.bls.census.gov/macro/032002/pov/new01\\_000.htm](http://ferret.bls.census.gov/macro/032002/pov/new01_000.htm)

<sup>7</sup> Sigle-Rushton & McLanahan (2002).

<sup>8</sup> Pong, S., Jaap, D. and Hampden-Thomson, G. (2002) Family policies and academic achievement by young children in single-parent households: An international comparison. Population Research Institute. Pennsylvania State University. Cited in Sigle-Rushton & McLanahan (2002).

<sup>9</sup> Deleir, T. & Kalil, A. (2002). Good things come in threes: Single-parent multigenerational family structure and adolescent adjustment. Cited in Sigle-Rushton & McLanahan (2002).

<sup>10</sup> Bjorklund, A., Ginther, D., and Sundstrom, M. (2002). Family structure and children's educational attainment: A comparison of outcomes in Sweden and the United States. Presented at the ESPE-meetings in Bilbao. June. Cited in Sigle-Rushton & McLanahan (2002).

more likely to have a conviction and 28 percent more likely to have smoked marijuana than their counterparts whose parents got married and stayed married.<sup>11</sup>

Non-marital births are less common for young women in two-parent families. One study found that 6 percent of women in two-parent families will have a child outside of marriage by the time they are 20, compared to 11 percent in divorced families, 14 percent in never-married families, and 16 percent in step-families.<sup>12</sup> Note however, that regardless of family structure, the overwhelming majority of women in this sample did *not* have an unmarried birth.

Children benefit when fathers have healthy relationships with their children regardless of marital status. An analysis of the 1996 National Household Education Survey found that students are more likely to get mostly As and are less likely to have ever repeated a grade or to have ever been suspended or expelled if their nonresident fathers have some involvement in their schools.<sup>13</sup>

Encouraging fathers to provide for their children--both economically and through regular, positive contact--helps children to do better emotionally and lessens the incidence of behavioral problems, regardless of whether the father resides in the home.<sup>14</sup>

---

<sup>11</sup> Antecol, H., Bellard, K., Helland, E. (2002). Does single parenthood increase the probability of teenage promiscuity, drug use and crime? Evidence from divorce law changes. Cited in Sigle-Rushton & McLanahan (2002).

<sup>12</sup> Painter, G. & Levine, D.I. (2000). Family structure and youths' outcomes: Which correlations are causal? *Journal of Human Resources*, 35, 524-549; cited in Sigle-Rushton, W. & McLanahan, S. (2002). Father absence and child well-being: A critical review. In preparation.

<sup>13</sup> Nord, C. W. & West, J. (2001). Fathers' and mothers' involvement in their children's schools by family type and resident status. National Center for Education Statistics. <http://www.nces.ed.gov/pubs2001/2001032.pdf>

<sup>14</sup> Pleck, J. (1997). Parental involvement: levels, sources, and consequences. In M. E. Lamb (ed.) *The role of fathers in child development*, 3<sup>rd</sup> edition. New York, NY: John Wiley & Sons. Cited in S. Bernard. (1998). Responsible fatherhood and welfare: how states can use the new law to help children. <http://www.nccp.org/cwrib4.pdf>

## **ATTACHMENT E**

### **EFFECTS OF FATHERLESSNESS (US DATA)**

#### **1) BEHAVIORAL DISORDERS/ RUNAWAYS/ HIGH SCHOOL DROPOUTS/CHEMICAL ABUSERS/ SUICIDES**

- 85% of all children that exhibit behavioral disorders come from fatherless homes (Source: Center for Disease Control)
- 90% of all homeless and runaway children are from fatherless homes (Source: *U.S. D.H.H.S.*, Bureau of the Census)
- 71% of all high school dropouts come from fatherless homes (Source: *National Principals Association Report on the State of High Schools.*)
- 75% of all adolescent patients in chemical abuse centers come from fatherless homes (Source: *Rainbows for all God's Children.*)
- 63% of youth suicides are from fatherless homes (Source: *U.S. D.H.H.S.*, Bureau of the Census)

#### **2) JUVENILE DELINQUENCY/ CRIME/ GANGS**

- 80% of rapists motivated with displaced anger come from fatherless homes (Source: *Criminal Justice & Behavior*, Vol 14, p. 403-26, 1978)
- 70% of juveniles in state-operated institutions come from fatherless homes (Source: U.S. Dept. of Justice, *Special Report*, Sept 1988)
- 85% of all youths sitting in prisons grew up in a fatherless home (Source: *Fulton Co. Georgia jail populations*, Texas Dept. of Corrections 1992)
- California has the nation's highest juvenile incarceration rate and the nation's highest juvenile unemployment rate. Vincent Schiraldi, Executive Director, Center on Juvenile and Criminal Justice, "What Hallinan's Victory Means," *San Francisco Chronicle* (12/28/95).

These statistics translate to mean that children from a fatherless home are:

- 5 times more likely to commit suicide.
- 32 times more likely to run away.
- 20 times more likely to have behavioral disorders.
- 14 times more likely to commit rape
- 9 times more likely to drop out of high school.
- 10 times more likely to abuse chemical substances.
- 9 times more likely to end up in a state-operated institution.
- 20 times more likely to end up in prison.
- Juveniles have become the driving force behind the nation's alarming increases in violent crime, with juvenile arrests for murder, rape, robbery and aggravated assault growing sharply in the past decade as pistols and drugs became more available, and expected to continue at the same alarming rate during the next decade. "Justice Dept. Issues Scary Report on Juvenile Crime," *San Francisco Chronicle* (9/8/95). "Crime Wave Forecast With Teenager Boom," *San Francisco Chronicle* (2/15/95).
- Criminal behavior experts and social scientists are finding intriguing evidence that the epidemic of youth violence and gangs is related to the breakdown of the two-parent family. "New Evidence That Quayle Was Right: Young Offenders Tell What Went Wrong at Home," *San Francisco Chronicle* (12/9/94).

#### **3) TEENAGE PREGNANCY**

- "Daughters of single parents are 53% more likely to marry as teenagers, 164% more likely to have a premarital birth, and 92% more likely to dissolve their own marriages. All these intergenerational consequences of single motherhood increase the likelihood of chronic welfare dependency." Barbara Dafoe Whitehead, *Atlantic Monthly* (April 1993).

- Daughters of single parents are 2.1 times more likely to have children during their teenage years than are daughters from intact families. The Good Family Man, David Blankenhorn.
- 71% of teenage pregnancies are to children of single parents. U.S. Dept. of Health and Human Services.

#### 4) CHILD ABUSE

- The U.S. Department of Health and Human Services states that there were more than 1,000,000 documented child abuse cases in 1990. In 1983, it found that 60% of perpetrators were women with sole custody. Shared parenting can significantly reduce the stress associated with sole custody, and reduce the isolation of children in abusive situations by allowing both parents' to monitor the children's health and welfare and to protect them.

#### 5) POVERTY

- "The National Fatherhood Institute reports that 18 million children live in single-parent homes. Nearly 75% of American children living in single-parent families will experience poverty before they turn 11. Only 20% in two-parent families will experience poverty." Melinda Sacks, "Fatherhood in the 90's: Kids of absent fathers more "at risk"," San Jose Mercury News (10/29/95).
- *"The feminization of poverty is linked to the feminization of custody, as well as linked to lower earnings for women. Greater opportunity for education and jobs through shared parenting can help break the cycle."* David Levy, Ed., *The Best Parent is Both Parents* (1993).

#### 6) KIDNAPPING

- Family abductions were 163,200 compared to non-family abductions of 200-300. The parental abductions were attributed to the parents' disenchantment with the legal system. David Levy, Ed., *The Best Parent is Both Parents* (1993), citing a report from the U.S. Department of Justice, Office of Juvenile Justice (May 1990).

This information was taken from an email message from the Coalition of Parent Support, Inc. in the US. Any errors in describing paraphrasing as quotes are mine.

Stuart Birks  
24 January, 1996